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CONFIRMATION NO. 7556

SERIAL NUMBER 10/717,925	FILING OR 371(c) DATE 11/21/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 000309-00051
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/428,281 11/22/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no					
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials	STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7

## ADDRESS

27557

## TITLE

Surface stimulation for tremor control

FILING FEE RECEIVED 2936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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